

OFF-HIGHWAY VEHICLE PROGRAM
SUPPLEMENTAL APPLICATION FORM

Project title: _____ Project sponsor: _____

A. ROUTE CONSTRUCTION/RECONSTRUCTION

____ New construction ____ Reconstruction
____ Single track ____ ATV ____ 4X4 ____ Snowmobile
Route length _____
Bridge length _____ Width _____
Other:(cattle guards, etc.) _____

B. TRAIL HEAD FACILITIES CONSTRUCTION/RECONSTRUCTION

____ New construction ____ Reconstruction
____ Parking area dimensions ____ Surface material Describe:
Asphalt thickness (circle one) 2 1/2", 3"
Sub-base compacted thickness (circle one) 4", 6", 8" _____ other ____ New
restroom Is it ADA accessible? ____ Yes ____ No
____ Drinking water ____ Kiosk ____ Signs
List other trail head features:

C. ROUTE SIGNING

____ Route marking ____ Informational ____ Interpretive ____ Regulatory
Describe:

D. PROPERTY ACQUISITION

____ Fee title purchase ____ Easement
Describe:

E. TRAIL SYSTEM OPERATIONS

(This includes activities required to keep the trail open and functioning within prescribed guidelines, such as immediate supervision and organization of volunteers and maintenance crews.) Describe:

F. MAINTENANCE

1. Travel routes

Trail/route name(s) and length(s):

Work to be done:(Check all that apply.)

Repair or replacement of:

Trail tread / route surface

(Feet or Miles) _____

Brush back vegetation

(Feet or Miles) _____

Stream crossing(s)

(Number)

Wet area crossing(s)

(Number) _____

Bridge(s)

(Number) _____

Water diversion structure(s)

(Number) _____

Culvert(s)

(Number) _____

Cattle guard(s)

(Number) _____

Fence

(Feet)

Gate(s)

(Number) _____

Switchback repair

(Number) _____

Disturbed area rehabilitation

(Sq. or Linear Feet) _____

Sign(s)

(Number)

Clearing of obstruction(s) (Logs, rocks, etc.)

(Miles)

Replacement or repair of trail blazes,

(Number)

markers and cairns

Backslope grooming

(Feet or Miles)

Retaining walls

(Feet)

Other:

2. Trail heads

Trail head name(s):

Work to be done: (Check all that apply.)

<input type="checkbox"/> Parking surface repair	(Sq. Feet) _____
<input type="checkbox"/> Parking barriers	(Number) _____
<input type="checkbox"/> Restroom	(Number) _____
<input type="checkbox"/> Signs	(Number) _____
<input type="checkbox"/> Loading ramps	(Number) _____
<input type="checkbox"/> Culinary water systems	(Number) _____
<input type="checkbox"/> Other:	

G. **DETAILED DESCRIPTIONS OF ITEMS CHECKED ABOVE:** (Give specific measurements and details of work to be to be accomplished.. Describe methods to be used; i.e. hand vs. mechanical. Add additional page(s) if needed.)

H. **OTHER CONSIDERATIONS**

1. Is a brochure/map associated with the funding request? _____ Yes _____ No

2. How will the trail be publicized? Describe:

3. Season(s) trail(s) can be used:

If used in the winter, who will plow or groom it?

4. Have OHV fiscal assistance funds been used on this project area before ?

____ Yes ____ No If so, give details:

5. Is project a part of a named and mapped system of OHV routes? _____ Yes _____ No

If so, describe.

6. Describe other OHV trails or facilities this project will tie to or enhance: (Such as the Great Western Trail or Paiute ATV Trail)

7. Did you have user input? _____ Yes _____ No. If so, describe:

8. List other agencies or organizations that are participating in this project and their role: